LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

2000 et 003 *ऽकव्य*ार्४

STATE OF LO PARISH OF _	Lafourche AMENUMENI	- 4
I, Bryan I	Bouzigard, DDS, residing at	
do declare tha	ı t:	
That th	his disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on Janua	ry
	2006 . ^{₹5} ⊕3.	
	(Year)	
	2. Commissioner (circle one) of the	
	(Name)	
and h	ave served in this capacity since 05/18/2004 (Month) (Day) (Year)	
	(Month) (Day) (Tear)	
144'; 04TE 27-05)	Name of Immediate Family Member: Relation of Immediate Family Member: Relation of Immediate Family Member: Relation of Immediate Family Member: BROTHER Position: I-A44 F MICLEAN MED TO ME Date employed (month, day, year): Applicable-Exception (check all that apply): Employed by Hospital Service District / Public Trust Authority for more dam of year prior to filer becoming the chief executive or board member or commissioner of the Hospital Service District / Public Trust Authority Serving in public employment continuously since April 1,1980, the effective date of the Code of Governmental Ethics	ST CONTRACTOR OF THE CONTRACTO
	Hospital Service District / Public Trust Authority has a district population of 190,000 or less and the family member is employed as a licensed physician or registered force. Signature, Chief Executive, Machinel Board Member or Commissioner	
	West that you have an immediate family member employed	d by the

NOTE: These disclosure statements are due by January 30th of each ye hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

If a hospital service district or public trust authority board member or if a chief executive does not have any immediate family members employed by the hospital, then he is not required to file a disclosure statement.

Failure to timely submit a required disclosure statement will result in the imposition of an automatic late fee of \$50.00 per day, with a maximum penalty of \$1,500. IT IS THE RESPONSIBILITY OF EACH HOSPITAL SERVICE DISTRICT OR HOSPITAL PUBLIC TRUST AUTHORITY BOARD MEMBEROR CHIEF EXECUTIVE WHO HAS AN IMMEDIATE FAMILY MEMBER EMPLOYED TO SEE THAT THESE STATEMENTS ARE TIMELY FILED. Revised 12/2002

12-27-05

LOUISIANA BOARD OF ETHICS DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

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5000-003

STATE	OF LOUISIANA		
	H OFLafourche		
	' -		
1,	Bryan Bouzigard, DDS		CUTOFI
	(Name)	(Mailing Address, including City & Zip Code)	
do deci	lare that:		
DO DEL	art tunt.	1.	
	That this disclosure stater	nent is made pursuent to LSA-R.S. 42:1119B(2)(b) for the year beginn	ina ou la
	1*, <u>2</u> 006	reserve per a post toto, restricted by tot the year oegimi	ing on rannary
	(Year)		- F
		2.	
	That I am a Chief Execution	ve / Board Momber / Commissioner (circle one) of the	<u> 5</u> 2000
	Lafourche Perish	Hamital Consider District Appletic W. and A. S.	- 1450 A
	(Name)	,	
	and have served in this ca	pacity since <u>05/18/2004</u>	5 1 25
		(Mooth) (Day) (Year)	n '' (*)
		•	
Ţ	That my immediate family	3.	
	his brothern his sisten. th	wmember, defined by LSA-R.S. 42:1102(13) as his children, the spous	es of children,
	nes ofouters, this singers, the	e spouses of his brothers, the spouses of his sisters, his parents, his spo	use, and the
	such employment are as for	mployed by the described Hospital Service District/Public Trust Author	ity. The facts of
	such employment are as to	ollows;	
	Nome of Immedia	te Family Member: DARREN BOUL GARD	
		diate Family Member: BROTHER	-
	Position: X-12-4	Y E MICLEAN MED TECH	
LY "		tonth, day, year):	
4TE 27-0		tion (check all that apply);	
27.0		mployed by Hospital Service District / Public Trust Authority for more	than one
-		ar prior to filer becoming the chief executive or board member of	3231 O.I.
	CC	mmissioner of the Hospital Service District / Public Trust Authority	
	Se	aving in public employment continuously since April 1,1980, the effect	tive
	d/	tte of the Code of Governmental Ethics	
	11	and the Continue of the Land Continue of the C	
		ospital Service District / Public Trust Authority has a district population	ı of
	10	10,000 or less and the family member is employed as a licensed physicial	an
	Of	registered furse.	
		Sign // St grand	
		Signature, Chief Executive Rospital Board Member or Commission	ioner
		Sand Meditor of Commission	NOTEL.
<u>NOTE</u> : 1	These disclosure statements ar	e due by January 30 th of each year that you have an immediate family member	emolowed by the

NOTE: These disclosure statements are due by January 30^m of each year that you have an immediate family member employed by the hospital service district or hospital public trust authority. This Disclosure Statement must be filed even if you filed one last year or at any other time during the year and the information you disclosed has not changed.

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Revised 12/2002

12-27-05